conducted with 9 FM-association counsellors in 3 countries, analysed using the same method and used to enrich the model. Further information was captured with the analysis of 90 letters written by patients to FM-associations. **RESULTS:** A total of 303 abstracts were retrieved and reviewed. Sixty-seven publications were included and the concepts identified were grouped into the following domains: Burden, Symptoms and Influencing Factors. The exploratory interviews suggested that burden can be divided into: Autonomy, Coping, Pain, Tiredness, Activities of Daily Living, Physical Impact, Social Impact, Psychological Impact, Cognitive Impact, Work, Sleep, Relationship to Medicine and Disease. The letters and counsellor interviews confirmed the conceptual content. **CONCLUSIONS:** The resulting model illustrates how "burden" is understood by FM patients, and that all areas of daily life are impacted by the disease. The conceptual content will be used for the generation of items for the questionnaire. The development of a questionnaire assessing functional impact and burden will allow the consequences of FM on patients to be more widely recognised.

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SHORT-TERM OUTCOMES AND HRQOL AFTER PEDIATRIC EMERGENCY DEPARTMENT (PED) TREATMENT OF MINOR INJURY: A PILOT STUDY

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OBJECTIVES: Background: Minor injury is a leading cause of PED visits and a major health care burden. However, little is known about outcomes after treatment and release; care often lacks an evidence base. **OBJECTIVES:** 1) Gather initial data on the clinical/functional outcomes after PED care, and 2) Test both patient and proxy forms of an acute HRQOL tool in the PED and in telephone follow-up. **METHODS:** Prospective convenience sample of pediatric patients treated for injury and discharged to home. Demographic and injury data collected at the visit; outcomes by telephone at 7–10 days. The acute Pediatric Quality of Life Inventory 4.0 (PedsQL) was administered at both visit and follow-up. **RESULTS:** Thirty-five families completed follow-up. Mean patient age = 8 years, 69% male, 49% soft tissue injury, 31% fracture, 17% sprains, 3% CHI. Types/locations of study injuries were in frequencies similar to those in our ED overall. Children had a median of 3 days of pain; 24% reported $^{3}7$ after the visit. Days for the child's return to normal activity: median 3, 37% $^{3}7$. Disruption of normal family activities in 51%, for a median of 5 days, 39% $^{3}7$. Children with school, work, or other regularly scheduled activities: 55% missed $^{3}3$ days, 20% missed $^{3}7$. Parents missed work or school: mean 1 day, 22% $^{3}3$. The PedsQL was found to be easy to use, had minimal missing items, and good indication construct validity (total scores inversely correlating to days of pain, abnormal activities, and family disruption). **CONCLUSIONS:** We found significant morbidity for patients and their families after PED visits for minor injury. In this setting, the use of the acute PedsQL patient/proxy forms was feasible with initial indications of good construct validity. Further description and the development/testing of a tool to quantify short-term outcomes are prerequisites to testing effectiveness in ED minor injury care.

PMS62

DISCONTINUATION RATE OF THE IST AND IIND ANTI-TUMOR NECROSIS FACTOR THERAPIES IN PATIENTS WITH RHEUMATOID ARTHRITIS IN ITALY

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BACKGROUND: Anti-TNF therapies are efficacious in clinical trials for the treatment of RA. However, their long-term efficacy in daily practice in relation to the specific diagnosis or the use of concomitant DMARD therapy remains to be confirmed. **OBJECTIVES:** To estimate the proportion of patients with RA, treated with at least one anti-TNF therapy (infliximab [IFX], etanercept [ETN], or adalimumab [ADA]), who were still on the same biologic agent after 3 yrs (36 mths) of follow-up. To estimate the discontinuation rate of patients with RA, treated with the second anti-TNF therapy, after discontinuing the first one. **METHODS:** Patients attending participating centers who received their first anti-TNF treatment between July 1, 2002 and March 31, 2004, and who gave their consent, were invited to participate to the study. Pts were required to be ≥18 yrs old, with a diagnosis of RA (as defined by the ACR criteria). A total of 711 patients were enrolled in this retrospective cohort study involving a national representative sample of 23 rheumatology centers in Italy, selected according to both geography and treatment setting characteristics. A patient chart review was conducted to collect data on treatment duration, and a diary of therapies was completed. A Kaplan–Meier curve was calculated for each biologic anti-TNF therapy; the event was discontinuation of the drug due to inefficacy or toxicity. **RESULTS:** Pts' baseline characteristics were: female 80.8%, mean age 53.3 yrs (range 18–84 yrs), mean duration of disease 9.4 yrs. Of 703 pts who met the inclusion criteria, 248 (35.3%) were treated with IFX, 259 (36.8%) with ETN and 196 (27.9%) with ADA. After a follow-up of 36 months, the discontinuation rate was 43.2% with IFX, 25.8% with ETN and 28.0% with ADA. The discontinuation rate of IFX compared with ETN and ADA was statistically higher ($p = 0.0001$ and $p = 0.0002$, respectively). The difference between ADA and ETN was not statistically significant ($p = 0.826$). Patients who discontinued the first agent and started the second one were 149: ETN 112, INF 12, ADA 25. After 24 months of follow up 78% patients on ETN, 46% on ADA and 25% on INF were still on the same agent. The RR of stopping the second agent increased by 31% (IC 95% 0.96–1.83). **CONCLUSIONS:** Our results show a higher discontinuation rate of anti-TNF therapies in daily practice in Italy compared with clinical trials. IFX was associated with a significantly higher rate of drug discontinuation than other anti-TNFs. Patients who stopped the first agent and switched to the second one had a discontinuation risk increase of of 31%. This results should be taken into account when first agent fails.

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PATIENT REPORTED OUTCOMES OF DIFFERENT SURGICAL PROCEDURES IN PATIENTS WITH CARTILAGE DEFECTS OF THE KNEE AFTER 1 TO 5 YEARS

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OBJECTIVES: To determine surgical treatment outcomes in patients with cartilage defects according to operative procedures performed. **METHODS:** In this 5-year retrospective cross-sectional study patients were contacted who had been diagnosed